

## (1) PLACE OF BIRTH

County of AikenTownship of Ward

OR

Inc. Town of

OR

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

17365

Registration District No. 214Registered No. 3

(For use of Local Registrar)

## (2) Full Name of Child

E. L. L. L. L.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH June 12, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Jacob Louis

(9) PRESENT POSTOFFICE OF FATHER

Johnston & Co

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

38 (Years)

(12) BIRTHPLACE

Edgfield Co S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lila Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Johnston & Co

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

38 (Years)

(18) BIRTHPLACE

Aiken Co S.C.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. B. B. B.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Edgfield Co S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

July 10, 1922Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.